

1631
EFW
PATENT

Attorney Docket No. 001-1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael D. Doyle

Application No.: 09/916,709

Filed: 07/27/2001

For: METHOD AND SYSTEM FOR THE
MULTIDIMENSIONAL MORPHOLOGICAL
RECONSTRUCTION OF GENOME
EXPRESSION ACTIVITY

Examiner: C. Smith

Art Unit: 1631

AMENDMENT

Commissioner for Patents

Sir:

In response to the Office Action mailed 07/09/2004, please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Conclusion begins on page 6 of this paper.

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

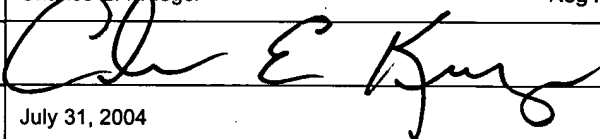
Approved for use through 10/31/2002. OMB 0651-0031

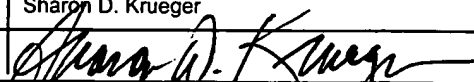
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6150 TRANSMITTAL FORM AUG 05 2004 to be used for all correspondence after initial filing	Application Number	09/916,709	
	Filing Date	07/27/2001	
	First Named Inventor	Michael D. Doyle	
	Group Art Unit	1631	
	Examiner Name	Smith, Carolyn L.	
Total Number of Pages in This Submission	7	Attorney Docket Number	001-1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Charles E. Krueger Reg No. 30,077
Signature	
Date	July 31, 2004

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Typed or printed name	Sharon D. Krueger
Signature	 Date July 31, 2004

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